



November 15, 2017

*EMT-Paramedic
Program - CMA
Advanced Care
Paramedic*

Dear Potential EMTP Student,

**RE: Emergency Medical Technologist-Paramedic
(CMA Advanced Care Paramedic) Program**

*Educational
Seminars and
Workshops*

Thank you for your interest in the EMT-P program, currently accredited by the Canadian Medical Association as an Advanced Care Paramedic, from Professional Medical Associates. This letter will confirm the details regarding the dates of the next selection process for the EMT-P program. Programs will be held from both our Calgary and St. Albert offices. Both programs are tentatively scheduled to commence in **June 2018**.

*EMT - CMA
Primary Care
Paramedic and
EMR Programs*

As applications start coming in, you will be contacted by mail or phone with a schedule for the written exams as well as a time for the scenario testing and interview. We have scheduled one day per location for testing:

*First Aid, CPR
and AED
Programs - Needs
Assessment and
Training*

February 23rd, 2018 in our Calgary office, #112, 11420 – 27th Street SE, Calgary, AB T2Z 3R6
Deadline for applications February 16th, 2018

February 26th, 2018 in our St. Albert office, #101, 265 Carleton Drive St. Albert, AB T8N 4J9
Deadline for applications February 16th, 2018

*Training
Assessment
& Consulting*

To assist students in determining the total costs while comparing various programs, our programs are inclusive of all texts, lab fees and student packages, rather than a tuition price with the student responsible to pay additionally for texts, student and learning packages, etc. The total cost of the program is between \$23,500 and \$24,500 there are various options for payment plans if needed.

*Interactive
Multi-Media*

As with all our programs, we work with our practicum partners as a part of the selection process and sponsorship of prospective employees for provision of ambulance and hospital practicum placements. Students demonstrating an aptitude to succeed, employment opportunity at the ALS level, and a service commitment to clinical education opportunities are given preference in the selection process. The selection process is comprised of:

*High-Fidelity
Simulator Driving
Programs*

- a 200 question multiple-choice examination,
- one scenario, aptitude test, ECG examination, and
- a personal interview, reference and security check.

*On-site Program
Delivery
Specialists*

It should be noted that applications can not proceed to the next stage without a cheque or money order for **\$95.00** for the cost of assessment and testing. When returning the application for selection, include the following from the check list:

*Paramedic and
EMS staffing*

- ___ application form (mandatory)
 - ___ personal resume (mandatory)
 - ___ photocopy of Alberta College of Paramedics card (mandatory)
 - ___ photocopy of BCLS – HCP (mandatory)
 - ___ **CLEAR** security clearance check (must include vulnerable sector check) (mandatory) within 90 days of application
 - ___ assessment fee of \$ 95.00 payable to Professional Medical Associates (mandatory)
- ... over

*Pediatric Education
for Prehospital
Professionals
Geriatric Education
for Emergency
Medical Services,
PHLS, TECO,
PALS and ACLS*

- ___ Copy of results from the Alberta College of Paramedics EMT Provincial Examination (mandatory)
- ___ Official transcripts from a recognized EMT program (mandatory)

Additional information to support your application in the selection process includes the following:

- Letters of reference and support from EMS related employers
- Letters of support from ALS practitioners (at least 2)
- Letters of recommendation from your current EMS employer
- Letter detailing ability to complete practicum with current ALS employer (if applicable)

Completed applications can be submitted, with all necessary documentation to:

Professional Medical Associates

#101, 265 Carleton Drive
St. Albert, Alberta T8N 4J9

****Applications must be received by: February 16th, 2018**


to be scheduled for the testing process**.

Flexible delivery will allow students to continue employment. Our "commitment to educational excellence" focuses on producing graduates with maximum employability. Our goal, as with all our programs, is to provide current practitioners the opportunity to upgrade their skills and knowledge while continuing in their EMS careers.

Thank you again for your interest, and we look forward to seeing you in our next program. The number at the office is (780) 460-8410, or via facsimile at (780) 460-8277. You can also contact us through e-mail at shelley@promedics.org.

Sincerely,

Professional Medical Associates

PER: 

James Habstritt, EMT-Paramedic, B.H.Sc.
Program Director

JH/sf

Encl.



PROGRAM APPLICATION FORM

Application for: (check one)

<input type="checkbox"/> Emergency Medical Responder* <input type="checkbox"/> EMR Refresher Program* <input type="checkbox"/> EMT (CMA Primary Care Paramedic)+ <input type="checkbox"/> EMT Refresher Program* <input type="checkbox"/> EMT-P (CMA Advanced Care Paramedic)+ <input type="checkbox"/> EMT-P Refresher Program*	<input type="checkbox"/> EMD (Emergency Medical Dispatch)* <input type="checkbox"/> Standard First Aid* <input type="checkbox"/> Emergency First Aid* <input type="checkbox"/> CPR for Health Care Professional (HCP)* <input type="checkbox"/> ACLS* or <input type="checkbox"/> PALS* for DDS <input type="checkbox"/> Other (specify): _____
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EMT-Paramedic Program - CMA Advanced Care Paramedic

Educational Seminars and Workshops

EMT - CMA Primary Care Paramedic and EMR Programs

LEGAL SURNAME		FIRST NAME/MIDDLE INITIAL	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
()	()	()	
PHONE (HOME)	PHONE (BUSINESS)	PHONE (MOBILE)	
DATE OF BIRTH (MM/DD/YY)	DRIVER'S LICENCE #	EMPLOYER/POSITION	
PREVIOUS EMS TRAINING INSTITUTION (If Applicable)		GRADUATION DATE	
EMAIL ADDRESS		ACP REGISTRATION #	

First Aid, CPR and AED Programs - Needs Assessment and Training

Training Assessment, & Consulting

Interactive Multi-Media

High-Fidelity Simulator Driving Programs

FOR OFFICE USE ONLY:

AMOUNT PAID: \$ _____ MC Visa Debit Cash Chq # Other Authorization # _____ Security # _____ Invoice or PO# _____	COURSE CODE: _____ START DATE: _____	CONFIRMATION LETTER: Sent or P/U (SF) (MC) Date: _____ COMMENTS: _____
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On-site Program Delivery Specialists

Paramedical and EMS staffing

Pediatric Education for Prehospital Professionals, Geriatric Education for Emergency Medical Services, PHALS, TECC, PALS and ACLS

PLEASE NOTE - UPON COMMENCEMENT OF SESSION, FEES WILL NOT BE REFUNDED.

***FOR EMT AND EMT-P PROGRAMS, TUITION REFUNDS OF LICENSED PROGRAMS ARE GUIDED BY THE PRIVATE VOCATIONAL TRAINING REGULATION AS OUTLINED ON EXECUTION OF STUDENT CONTRACT.**

SIGNATURE: _____ DATE: _____